

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

IMPROVED HUMANIZED IMMUNOGLOBULINS

the specification of which ☐ is attached hereto or ☒ was filed on December 19, 1990 as Application Serial No. 07/634,278 and was amended on _____ (if applicable).

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). I claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

COUNTRY	APPLICATION NUMBER	DATE OF FILING	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			Yes _____ No _____
			Yes _____ No _____

I claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION SERIAL NO.	DATE OF FILING	STATUS
<u>SEE ATTACHED</u>		<input type="checkbox"/> Patented <input type="checkbox"/> Pending <input type="checkbox"/> Abandoned
		<input type="checkbox"/> Patented <input type="checkbox"/> Pending <input type="checkbox"/> Abandoned

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) who are partners and associates in the firm of Townsend and Townsend to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

William M. Smith, Reg. No. 30,223
James M. Heslin, Reg. No. 29,541
Albert J. Hillman, Reg. No. 20,134

SEND CORRESPONDENCE TO:	William M. Smith, Esq. TOWNSEND and TOWNSEND Steuart Street Tower, One Market Plaza San Francisco, CA 94105	DIRECT TELEPHONE CALLS TO: (name, registration number, and telephone number) William M. Smith Reg. No. 30,223 <input type="checkbox"/> (415) 543-9600 or <input checked="" type="checkbox"/> (415) 326-2400
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201	FULL NAME OF INVENTOR	Last Name QUEEN	First Name CARY	Middle Name or Initial L.
	RESIDENCE & CITIZENSHIP	City LOS ALTOS	State or Foreign Country CALIFORNIA	Country of Citizenship U.S.A.
	POST OFFICE ADDRESS	Post Office Address 622 Benvenue Street	City Los Altos	State or Country California
			Zip Code 94022	
202	FULL NAME OF INVENTOR	Last Name CO	First Name MAN SUNG	Middle Name or Initial —
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203	FULL NAME OF INVENTOR	Last Name SCHNEIDER	First Name WILLIAM	Middle Name or Initial P.
	RESIDENCE & CITIZENSHIP	City MOUNTAIN VIEW	State or Foreign Country CALIFORNIA	Country of Citizenship U.S.A.
	POST OFFICE ADDRESS	Post Office Address 484 Loreto Street	City Mountain View	State or Country California
			Zip Code 94041	

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 201	Signature of Inventor 202	Signature of Inventor 203
<i>Cary L. Queen</i>	<i>Man Sung Co</i>	<i>William P. Schneider</i>
Date <u>1/30/91</u>	Date <u>1/30/91</u>	Date <u>1/30/91</u>

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William M. Smith, Reg. No. 30,223

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201	FULL NAME OF INVENTOR	Last Name LANDOLFI	First Name NICHOLAS	Middle Name or Initial F.	
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203	FULL NAME OF INVENTOR	Last Name SELICK	First Name HAROLD	Middle Name or Initial E.	
	RESIDENCE & CITIZENSHIP	City BELMONT	State or Foreign Country CALIFORNIA		Country of Citizenship U.S.A.
	POST OFFICE ADDRESS	Post Office Address 11 Somerset Court	City Belmont	State or Country California	Zip Code 94002

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 201 <i>Nicholas G. Landolfi</i>	Signature of Inventor 202 <i>Kathleen L. Coelingh</i>	Signature of Inventor 203 <i>Harold E. Slick</i>
Date <u>1/30/91</u>	Date <u>1/31/91</u>	Date <u>1/29/91</u>



Status

Pending

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